

| | | | |
|---|--|--------------------------|------------------------|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618). | | Complete if Known | |
| <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">For FY 2009</h2> | | Application Number | 10/695,667-Conf. #4456 |
| | | Filing Date | October 27, 2003 |
| | | First Named Inventor | Paul J. Maddon |
| | | Examiner Name | S. L. Rawlings |
| | | Art Unit | 1643 |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Attorney Docket No. | P0741.70006US00 |
| TOTAL AMOUNT OF PAYMENT | | (\$) | 825.00 |

| | |
|---|--|
| METHOD OF PAYMENT (check all that apply) | |
| <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ | |
| <input type="checkbox"/> Deposit Account Deposit Account Number <u>23/2825</u> Deposit Account Name <u>Wolf, Greenfield & Sacks, P.C.</u> | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | |
| <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments | |

| | | | | | | | |
|---|---------------------|---------------------|---------------------|---|-------------------------|----------------------|-----------------------|
| FEE CALCULATION | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | |
| | Small Entity | | Small Entity | | Small Entity | | |
| Application Type | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fees Paid (\$) |
| Utility | 330 | 165 | 540 | 270 | 220 | 110 | _____ |
| Design | 220 | 110 | 100 | 50 | 140 | 70 | _____ |
| Plant | 220 | 110 | 330 | 165 | 170 | 85 | _____ |
| Reissue | 330 | 165 | 540 | 270 | 650 | 325 | _____ |
| Provisional | 220 | 110 | 0 | 0 | 0 | 0 | _____ |
| | | | | | | | Small Entity |
| | | | | | | | Fee (\$) |
| 2. EXCESS CLAIM FEES | | | | | | | Fee (\$) |
| Fee Description | | | | | | | Fee (\$) |
| Each claim over 20 (including Reissues) | | | | | | | 52 |
| Each independent claim over 3 (including Reissues) | | | | | | | 220 |
| Multiple dependent claims | | | | | | | 390 |
| | | | | | | | 195 |
| Total Claims | | Extra Claims | | Fee (\$) | | Fee Paid (\$) | |
| _____ | | _____ | | _____ | | _____ | |
| HP = highest number of total claims paid for, if greater than 20. | | | | | | | |
| Indep. Claims | | Extra Claims | | Fee (\$) | | Fee Paid (\$) | |
| _____ | | _____ | | _____ | | _____ | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| Total Sheets | | Extra Sheets | | Number of each additional 50 or fraction thereof | | Fee (\$) | |
| _____ | | _____ | | _____ | | _____ | |
| - 100 = _____ | | / 50 = _____ | | (round up to a whole number) x _____ | | = _____ | |
| | | | | | | | Fees Paid (\$) |
| 4. OTHER FEE(S) | | | | | | | Fees Paid (\$) |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | _____ |
| Other (e.g., late filing surcharge): 253 Extension for response within third month | | | | | | | 555.00 |
| 2401 Notice of appeal | | | | | | | 270.00 |

| | | | |
|---------------------|----------------------------|-----------------------------------|-------------|
| SUBMITTED BY | | | |
| Signature | /Janice A. Valland, Ph.D./ | Registration No. (Attorney/Agent) | 52,318 |
| Telephone | 617.646.8000 | | |
| Name (Print/Type) | Janice A. Valland, Ph.D. | Date | May 3, 2010 |

| | |
|--|---|
| Certificate of Electronic Filing Under 37 CFR 1.8 | |
| I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.8(a)(4). | |
| Dated: May 3, 2010 | Electronic Signature for Nicole Millette Lapomardo: /Nicole Millette Lapomardo/ |